STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G681	A. BUILDING 00 B. WING	10/20/2011

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ARC OF NORTHWEST INDIANA INC, THE	6643 FILLMORE MERRILLVILLE, IN46410

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W0000	This visit was for a fundamental recertification and state licensure survey. Dates of Survey: October 17, 18, 19, and 20, 2011 Facility number: 002494 Provider number: 15G681 AIM number: 200264250 Surveyors: Tim Shebel, Medical Surveyor III-Team Leader Christine Colon, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/4/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.	W0000		
W0104	The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 3 of 4 clients	W0104	Reimbursements into clients #2, 3, & 4 will be put back into their budget accounts. To ensure	11/19/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	(clients #2, #3 and #4) living at the group home, to exercise general operating direction in a manner to ensure clients did not pay for hair cuts and hygiene products. Findings include: A review of the facility's records was conducted at the facility's administrative office on 10/19/11 at 12:15 P.M.. A financial record review for clients #2, #3 and #4 was completed. The financial review indicated client #2 had paid for a hair cut on 5/7/11 in the amount of $16.00. A financial record review for client #3 indicated client #3 had paid for hair cuts on 4/2/11 in the amount of $17.00 and 5/7/11 in the amount of $16.00. A financial record review for client #4 indicated client #4 had paid for hair cuts on 4/2/11 in the amount of $17.00 and on 5/7/11 in the amount of $16.00. The record also indicated: "Receipt dated 7/19/11...denture cleaner $6.94." Further review of client #2, #3 and #4's records did not indicate they were reimbursed for the mentioned expenses. An interview with the Service Coordinator (SC) was conducted on 10/19/11 at 12:25 P.M.. The SC indicated clients should not pay for hygiene		future compliance Service Coordinator will audit accounts bi-weekly.Residential Programs Director will conduct random audits quarterly. A new system for purchasing of personal items has been implemented. Documents are attached.	

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	products and hair cuts and further indicated clients #2, #3 and #4 had not been reimbursed for the mentioned expenses. 9-3-1(a)			
W0240	The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure guidelines for gait belt usage were incorporated into the client's Individual Program Plan. Findings include: Client #2 was observed at the group home on 10/17/11 from 6:15 A.M. until 8:25 A.M.. At 6:20 A.M., client #2 was observed to walk unbalanced with staff holding her arm, to the dining table for breakfast. At 6:26 A.M., client #2 was observed walking unsteadily with staff holding her arm into the living room for medication administration. Client #2 was not observed with a gait belt during the entire observation period. Client #2's records were reviewed on	W0240	Guidelines for client #2 gait belt usage will be incorporated into her individual program plan. Community Services nurse will retrain DSPs on how and when to use the gait belt.To ensure future compliance, Community Services Nurse will audit once a month for three months.11/22/11 To ensure future compliance, Community Services Nurse and Service Coordinator will audit once a month for three months then monthly therefore.	11/19/2011

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	10/18/11 at 10:30 A.M.. Client #2's Individual Support Plan dated 8/1/11 failed to indicate how staff were to assist client #2 with using her gait belt. Nurse #1 was interviewed on 10/19/11 at 11:56 A.M.. Nurse #1 indicated client #2 was discharged from the hospital on 9/8/11 with an unsteady gait. Nurse #1 further also indicated client #2 was discharged from the hospital with the directives by the attending physician for the use of a gait belt which should be used at all times she is mobile due to her unsteady gait. 9-3-4(a)			
W0249	As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement medication objectives during times of opportunity for 2 of 2 sampled clients (clients #1 and #2). Findings include:	W0249	Service Coordinator will re-train DSPs on program implementation during medication administration. To ensure future compliance, Service Coordinator will audit twice monthly for one month.11/22/11To ensure future compliance, Service Coordinator will audit twice monthly for three consecutive months, and then	11/19/2011

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	Clients #1 and #2 were observed at the group home on 10/17/11 from 6:15 A.M. until 8:25 A.M.. At 6:26 A.M., Direct care staff #2 was observed to retrieve client #2's prescribed medication punch cards, pop each pill out and hand the medications to client # to take. Client #2 was not observed to be shown her medication or promoted to state the name of her medications. At 6:50 A.M., Direct care staff #2 was observed to retrieve client #1's medication punch cards, pop each medication out and hand them to client #1 to take. Client #1 was not observed to learn about her medications. Client #1's records were reviewed on 10/18/11 at 10:09 A.M.. Client #1's Individual Support Plan dated 2/28/11 indicated the following medication administration objective: "Will learn information about her medications." Client #2's records were reviewed on 10/18/11 at 10:30 A.M.. Client #2's Individual Support Plan dated 8/1/11 indicated the following: "Will continue to learn about her medications...will continue to state the name of her medications...when staff shows and names a medication [client #2] will repeat the information." Service Coordinator #1 was interviewed		monthly thereafter.	

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	on 10/19/11 at 11:25 A.M.. Service Coordinator #1 indicated all clients #1 and #2 each medication objectives. When asked if all direct care staff were aware of each client's medication objectives she stated "yes," and indicated all staff should implement client's objectives at all times of opportunity. 9-3-4(a)			
W0268	These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 2 sampled clients (client #1), to promote their dignity by not ensuring she was shaven. Findings include: A morning observation was conducted at the group home on 10/17/11 from 6:15 A.M. until 8:50 A.M.. During the entire observation client #1 was observed to have facial hair on her upper lip and chin. A facility day program observation was conducted on 10/17/11 from 1:00 P.M. until 2:30 P.M.. During the entire observation client #1 was observed to have facial hair on her upper lip and chin.	W0268	Service Coordinator will train DSPs on directing and assisting client #1 on shaving. To ensure future compliance, Service Coordinator will monitor once a week.	11/19/2011

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	An interview with the Service Coordinator (SC) was conducted on 10/19/11 at 11:25 A.M.. The SC indicated client #1's facial hair needed to be removed. The SC further indicated the group home Direct Support Professional (DSP) staff are responsible for ensuring client #1 is prompted to remove her facial hair. 9-3-5(a)			
W0356	The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to follow up with dental recommendations made by a dentist. Findings include: A review of client #1's record was conducted at the facility's administrative office on 10/18/11 at 10:09 A.M.. A review of client #1's record indicated a most current dental exam completed on	W0356	Client #1 had a dental exam on November 02, 2011. To ensure future compliance, Community Services Nurse will audit her books twice per year.	11/19/2011

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	2/9/11 with the recommendation of: "Very poor oral hygiene, return in 6 months for exam and cleaning." Further review of the record failed to indicate client #1 had returned in 6 months for an exam and cleaning as recommended by the dentist. An interview with the Licensed Practical Nurse (LPN) was conducted on 10/19/11 at 11:56 A.M.. Nursing staff indicated client #1 had not went for the recommended 6 month exam and cleaning. No further documentation was available for review to indicate client #1 had a follow up dental exam and cleaning as recommended by the dentist. 9-3-6(a)			
W0369	The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) to ensure staff administered the clients' medications, as ordered without error. Findings include: A morning observation was conducted at the group home on 10/11/11 from 6:15	W0369	Community Services Nurse will re-train DSPs on how and when to give client #1 and client #2 there prescribed medication. To ensure future compliance, Service Coordinator and or Community Services Nurse will monitor weekly for one month, and bi-weekly thereafter.	11/19/2011

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	A.M. until 8:25 A.M.. At 6:20 A.M., clients #1 and #2 were observed eating their breakfast. Client #1's breakfast consisted of eggs and toast and client #2's breakfast consisted of cereal. At 6:26 A.M., Direct Support Professional (DSP) #2 was observed administering client #2's prescribed medications, Child chew and Iron tablet (supplement) with half a 4 ounce glass of water and her Levothyroxine 137 mcg (micrograms) tablet (thyroid). At 6:30 A.M., a review of the medication punch card and Medication Administration Record dated 10/11 indicated: "Child chew and Iron tablet...Chew 1 tablet orally every morning...take with plenty of water...Levothyroxine 137 mcg tablet...1 tablet orally once a day...take on an empty stomach." At 6:50 A.M., client #1 was observed receiving her prescribed medications. Client #1 was observed receiving her Levothyroxine 75 mcg tablet (thyroid) and her Docusate Sodium 100 mg (milligrams) (constipation) with a 4 ounce glass of water. At 6:55 A.M., a review of the medication punch card and Medication Administration Record dated 10/11 indicated: "Levothyroxine 75 mcg tablet...1 tablet orally once a day...take on an empty stomach before breakfast, take with plenty of water...Docusate Sodium 100 mg capsule...1 capsule orally 2 times a day...take with plenty of water."			

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	An interview with the facility's Licensed Practical Nurse (LPN) was conducted at the facility's administrative office on 10/19/11 at 11:56 A.M.. The LPN indicated clients #1 and #2 should have been given their medications with at least 8 ounces of water and on an empty stomach. The LPN further indicated staff should have followed the directions on the label. 9-3-6(a)			
W0441	The facility must hold evacuation drills under varied conditions. Based on record review and interview, the facility failed to conduct evacuation drills for 4 of 4 clients living at the facility (clients #1, #2, #3, and #4) during over night hours. Findings include: The facility's evacuation drills, from 10/1/10 to 10/17/11, were reviewed on 10/17/11 at 2:31 P.M.. The review failed to indicate clients #1, #2, #3, and #4 participated in evacuation drills, during	W0441	Area Manager will re-train DSPs on running evacuation drills at various times during the overnight shift. To ensure future compliance, Area Manager will monitor fire drills monthly.	11/19/2011

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	over night hours, from 11:00 P.M. until 6:30 A.M., during the review period. Service Coordinator #1 was interviewed on 10/18/11 at 12:14 P.M.. Service Coordinator #1 stated, "We have a new person who is in charge of doing fire (evacuation) drills and she was not sure of when to do overnight fire drills." 9-3-7(a)			